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SERVICES TO SEXUALLY ABUSED CHILDREN AND THEIR FAMILIES

PART II CHARACTERISTICS OF CHILDREN AND FAMILIES IN TREATMENT

THE SEXUAL ABUSE TREATMENT PROJECT

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Department of Social Services
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150 Causeway Street
Boston, MA 02114

July, 1987

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CHARACTERISTICS OF SEXUALLY ABUSED
CHILDREN AND FAMILIES IN TREATMENT
EXECUTIVE SUMMARY

This report analyzes descriptive information about a group of sexually abused children and their families who were seen in selected treatment programs in Massachusetts during 1986. The data in this report were developed from information collected at the point of intake by clinicians at these programs. The cases in the study are similar in many ways to the larger group of substantiated sexual abuse cases, but are not necessarily representative of all sexual abuse cases in Massachusetts. Most of the families in the participating treatment programs were referred by the Department of Social Services which is mandated to intervene only in cases of caretaker abuse.

The principal findings of the study are:

Children

The children in treatment ranged in age from three to eighteen. The majority were white females. One third of the children in treatment were fourteen years of age or older. One fifth were under the age of six.

Although children at any age are vulnerable to sexual abuse, young children are particularly at risk. In those cases where the age at the onset of the abuse was known, three-quarters of the children were under the age of ten when the abuse first began. The mean age at the onset of the abuse was 6.1 years for boys, and 7.5 years for girls.

About one-quarter of the sexually abused children in treatment were males. The boys in treatment were significantly younger than the girls; two-thirds of the boys were under the age of ten, whereas only one-half of the girls were.

Families

The sexually abused children in treatment came from families that are much larger (mean=2.8 children) than families in the overall DSS population (mean=1.8 children).

There are frequently multiple victims of sexual abuse in families. About 40% of the families had more than one child known to be sexually abused. When a boy was the victim of sexual assault, he was more apt to be the member of a family where another child had also been victimized.

Most of the families in the participating treatment programs earned less than fifteen thousand dollars per year, although one in six had an income of over twenty-five thousand dollars per year.

Offenders

Nine of every ten offenders in the study were white males. The majority were the fathers, or the stepfathers of their victims, and most were living in the home when the abuse occurred. Nearly half of the offenders were high school graduates, and another 25% attended or graduated from college. One-third of the group, however, were employed in unskilled and one of every ten was unemployed. Half of the offenders had been physically abused in childhood, and about a third had been sexually abused. Offenders with a history of sexual abuse were much more likely to choose male victims; two-thirds of the offenders who abused boys had such histories, compared with only 20% of the offenders who abused girls.

Characteristics of the Abuse

Three-quarters of the children in the sample were subjected to more than one type of abuse and most were subjected to acts which involved penetration. The younger the victim, the more likely it was that he or she was penetrated. Boys were as likely to be penetrated as girls. The study found no relationship between the intrusiveness of the sexual abuse (penetration) and the relationship between the offender and the victim: parents, parent figures, and relatives were as likely as non-family members to employ penetration in the abuse of their victims.

About half of the children in the sample had been abused a year or longer, and one of every ten children had been abused for five years or longer. One-third of the children had been abused on a weekly basis. Parents and parental figures abused their children more frequently and for a longer period of time than did other relatives or non-family members.

All of the children in the study were coerced into sexual activity by the offenders. One-third were coerced by threats of physical harm or by actual physical harm. Other forms of coercion employed by the offenders included use of authority position, threats of family breakup and affection loss, and bribes. Boys were more likely to have suffered actual physical harm at the hands of the offender. Family members were as likely as non-family members to use physical force (or the threat of force) as a means of coercion. Threats of family breakup or affection loss were more often associated with abuse that was of greater frequency and duration.

Responses to the Abuse

While the majority of the children in the treatment sample passively submitted to the abuse, about a third made efforts to resist, escape, or otherwise avoid it. The longer and more frequently children were abused the more likely they were to passively submit. Children who made efforts to resist were less likely to blame themselves for what happened. The "resisters" tended to be older children.

One of every four children in the group coped with the abuse by pretending it was not happening. The longer and more frequent the abuse, and the more children were threatened with family breakup or the loss of affection, the more they tended to cope in this manner. Girls used this coping style more often than boys. Boys and girls who used this coping style were more likely to blame themselves for what happened.

Most children eventually tell a parent that they have been abused, but many wait a long time before they do so. Boys are more likely to inform a parent of the abuse than are girls, who more commonly tell someone in school or at another agency.

Once children do disclose the abuse, they are often pressured to recant their statements. About half of the children in the study experienced this pressure. More than a third of the children were pressured by the offender, and nearly a quarter were pressured by the non-offending parent. A non-offending parent was much more likely to pressure a child when the offender was a spouse. The longer the abuse went on, the greater the tendency for the offender to pressure the child to recant.

Two-thirds of the alleged offenders denied any responsibility for the abuse, or denied that the abuse had occurred at all. The proportion accepting full responsibility for the abuse was quite small (10%). One of every five offenders offered some excuse or justification for their actions; most often, these excuses or justifications were in the direction of externalizing blame (pressures beyond their control, response to the child's "seductive" behavior, etc.) or rationalizing the problem (the abuse was an expression of affection). The "deniers" tended to be offenders who victimized very young children, and pressured children (of all ages) to recant their statements. The "justifiers" were more often abusers of older children. Of the offenders who were living in the home at the time of the abuse, more than half left after the abuse was disclosed; only a few left voluntarily, however.

Most non-offending parents (mothers) took action to protect their children, once they learned of the abuse. Mothers were more likely to protect children when the abuse was of shorter duration (less than six months), and when the victim was young (under the age of ten). Mothers who were themselves sexually abused during childhood were less likely to protect child victims of any age.

Most mothers were judged to have supportive attitudes towards their victimized children. Mothers were more supportive of younger children, however, and more angry, accusatory, or ambivalent when the victim was a teen-ager. Mothers were also more supportive when the offender was a non-family member. As might be expected, sexually abused children were more likely to disclose the details of their victimization to mothers who were deemed to be supportive by therapists, and mothers who were judged to be angry or rejecting were more likely to pressure their children to recant their disclosures.

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INTRODUCTION

Between August, 1985 and November, 1986, the Sexual Abuse Treatment Outcomes Project, funded by the National Center for Child Abuse and Neglect, and administered by the Research, Evaluation, and Planning Unit of the Department of Social Services, conducted a survey of sexual abuse cases currently in treatment at ten treatment programs in Massachusetts. The programs represent a range of organizational settings, including hospitals, mental health centers, private social service agencies, and D.S.S. area offices. They are located in all D.S.S. regions, and in urban as well as non-urban areas.

The report which follows summarizes the characteristics of children, adults, and families who were in treatment at the ten programs. The survey was conducted in order to obtain more detailed information about the characteristics of the children and families who receive treatment at centers which contract with the Department of Social Services. A list of participating treatment programs can be found in Appendix A.

Through the cooperation of the staff at the treatment programs, intake forms were filled out for all treatment cases which were active during the period of data collection. Intake forms were completed for 240 cases. Each form (Appendix B) provides information about one child in treatment. While this population in many ways resembles the larger group of substantiated sexual abuse cases in Massachusetts, it is not a

representative sample. The cases come from discrete geographic areas. Within each area, only those families who were referred to and chose to enter treatment at a D.S.S. funded site were represented. Some substantiated cases of sexual abuse are not referred for treatment; some families who are referred refuse treatment, and others seek treatment from private practitioners or in clinics which do not have D.S.S. contracts.

Data were obtained for 240 cases of child sexual abuse, describing 222 families, and 188 known perpetrators. Some of the families described had more than one child who was abused and in treatment (eleven families had two children in the treatment sample, two families had three children in the sample, and one family had four children in the sample). Some information was not available for all of the 240 cases. For example, information about the age of the offender was available in only 152 cases. For the purpose of greater ease in understanding a large body of numeric data, missing data were not included in reporting percentages and other statistics.

It should also be noted that while most of the information provided by the therapists was not subject to their interpretation (educational level of offenders, for example), some information was subjective. Examples of subjective reporting include descriptions of the coping mechanisms utilized by child victims, the responses of non-offending parents, and the degrees to which offenders assumed responsibility for their actions. In these cases, therapists were asked to endorse one or more statements in the intake form. These data, and conclusions drawn from them, should be understood in light of subjective reporting.

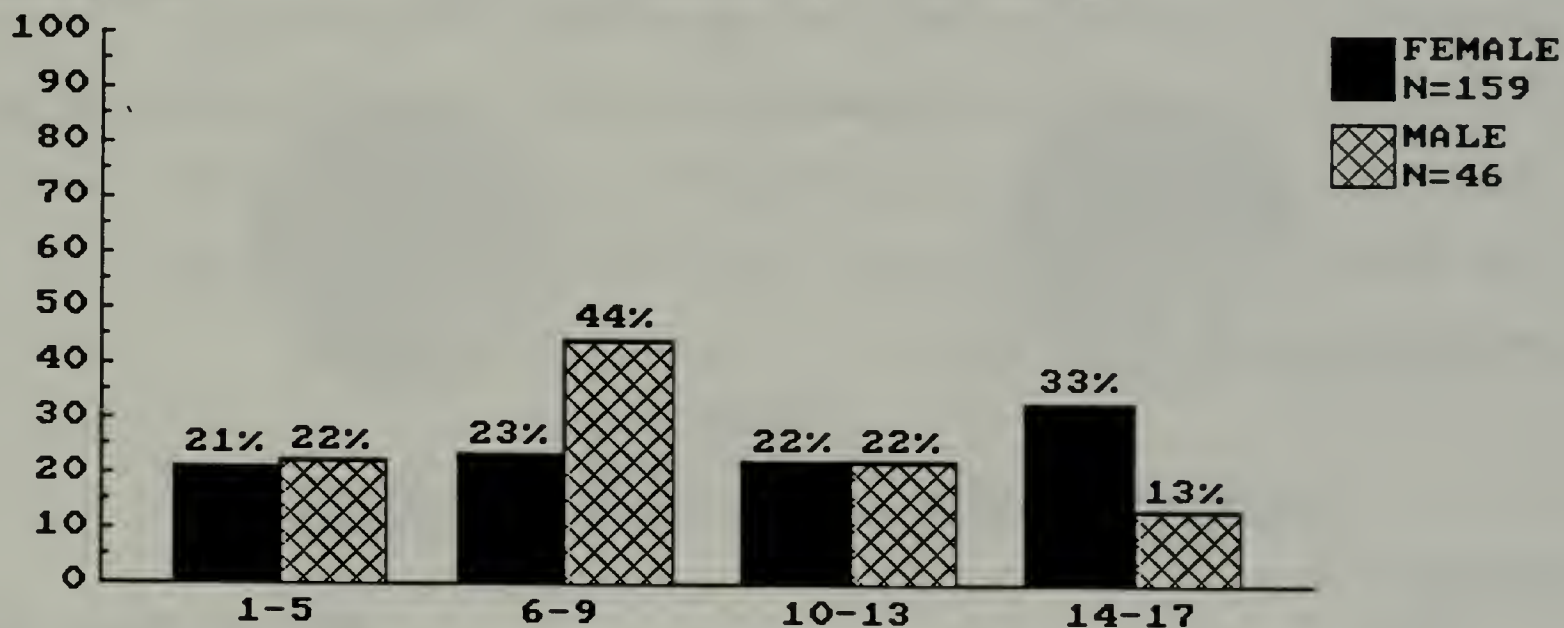
A. GENERAL DEMOGRAPHICS

1. Children:

The 240 children in this sample were largely female (77%) and white (88%). There was a relatively small group of black (5%), and Hispanic (4%) children. The children ranged in age from toddlers to eighteen year olds. The boys in treatment were significantly younger than the girls. There were many fewer male adolescents in treatment than female adolescents (see Figure I).

FIGURE I
AGE OF CHILDREN IN TREATMENT

PERCENTAGE



GIRLS MEAN AGE=10.3

BOYS MEAN AGE=8.7

($F=5.23$, $p < .05$)

Most (73%) of the children were living at home at the time data were provided. Other children were in foster care (17%), placed with a relative (3%), or in a variety of other settings (7%).

In order to determine the extent to which the children in the study sample were representative of the child victims in sexual abuse cases in Massachusetts, the 240 cases were compared to the 2,965 statewide substantiated cases during the same time

period. The majority of child victims in both the treatment sample and the statewide substantiation group were young, white, and female (see Figures II, III, and IV). A larger proportion of adolescent victims (aged 14-17), however, was found in the study sample (29%) than in the statewide group (21%). Very young children (under age 5), in contrast, constituted a lower proportion of the study children (21% vs 33%).

Black and Hispanic victims are underrepresented in the treatment sample (blacks, 5%; Hispanics, 4% vs. blacks, 9%; Hispanics, 8% in the statewide group). These differences may be due to the fact that only one of the participating treatment programs is located in the city of Boston, which has a significantly larger black population than any other city in the state and a large Hispanic population as well. Substantiations for these populations reflect the distributions of these populations in the state.

FIGURE II
AGE OF VICTIM:
TREATMENT SAMPLE AND STATEWIDE SUBSTANTIATIONS

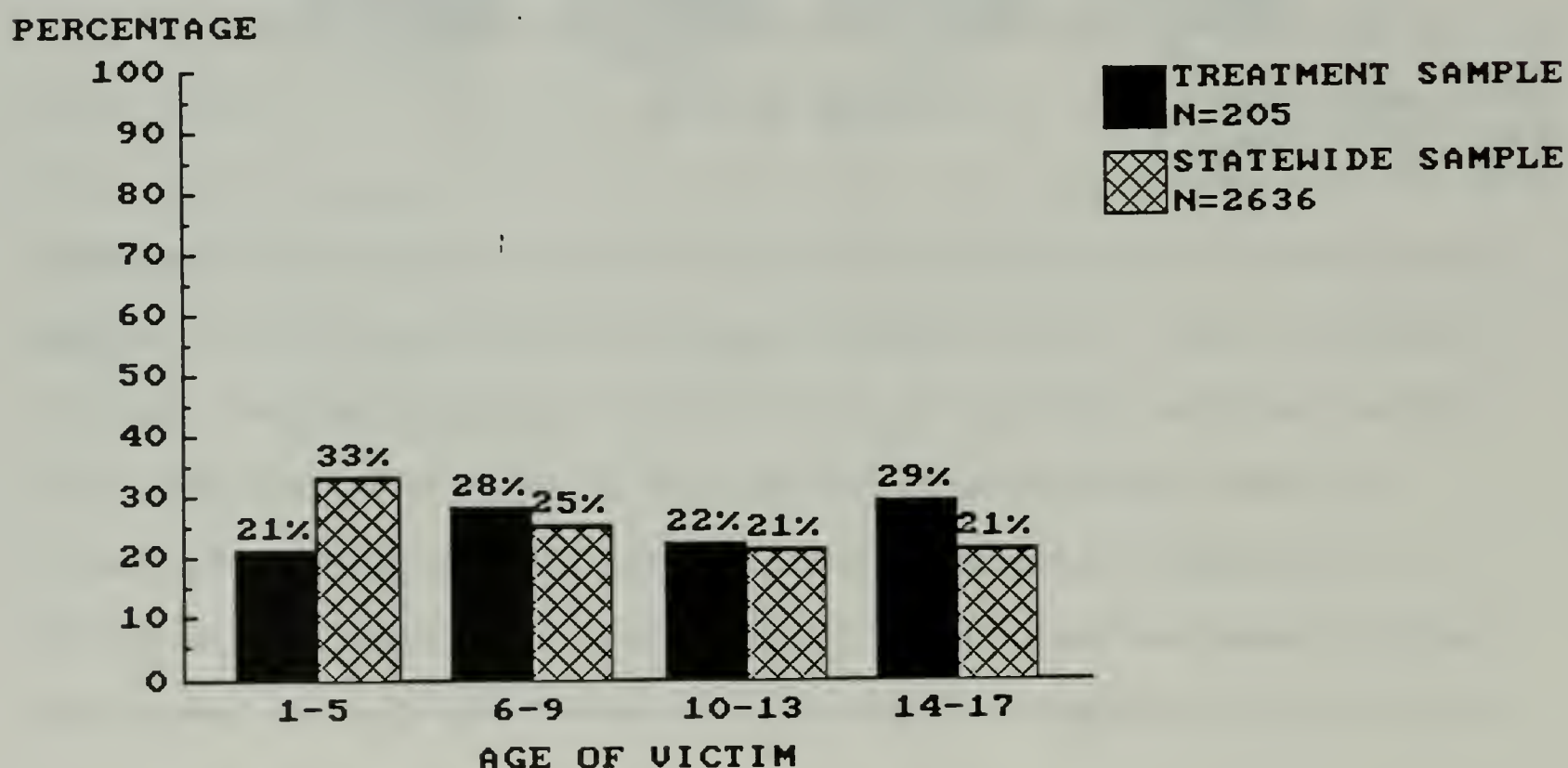


FIGURE III
RACE OF VICTIM:
TREATMENT SAMPLE AND STATEWIDE SUBSTANTIATIONS

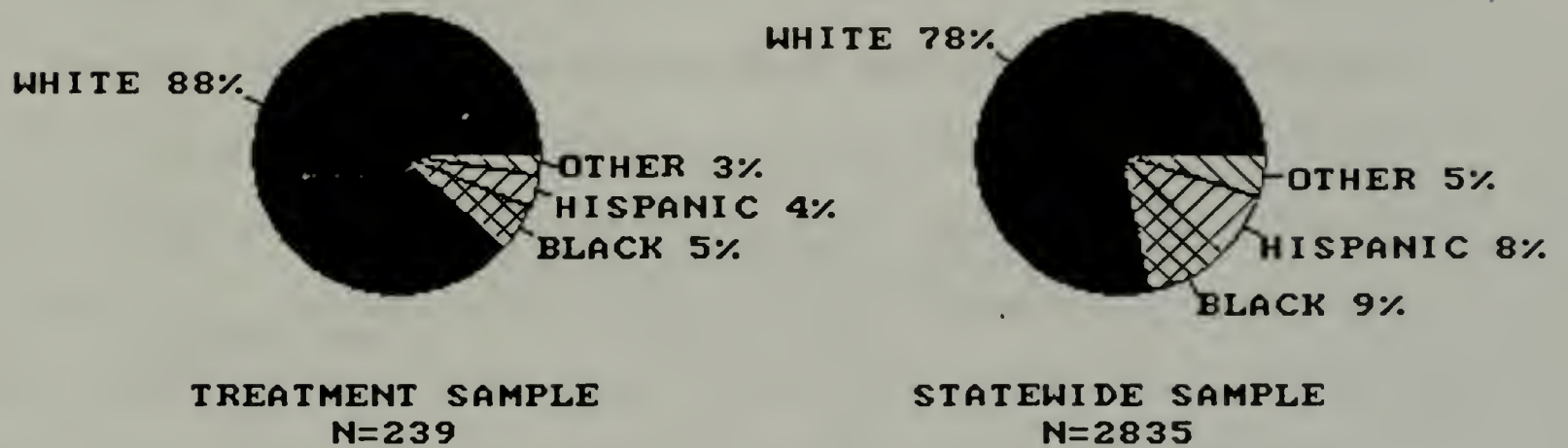
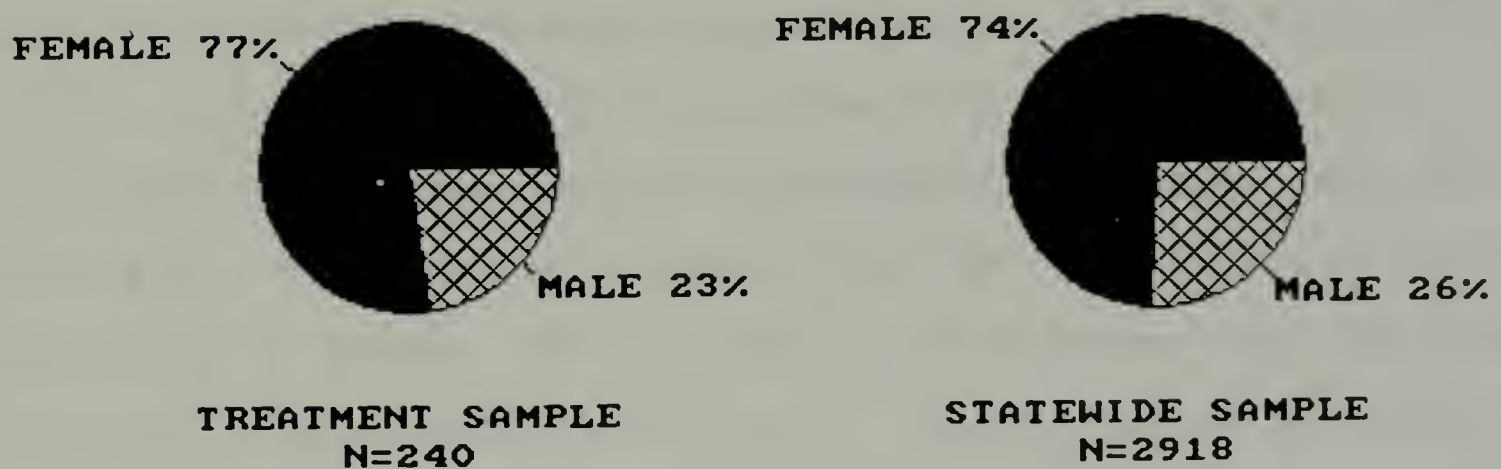


FIGURE IV
SEX OF VICTIM:
TREATMENT SAMPLE AND STATEWIDE SUBSTANTIATIONS



2. Offenders:

Most of the offenders of the children in this study were male (91%). This finding is consistent with other published studies which indicate that sexual offenders are usually males (Rogers, 1982; Finkelhor 1979, 1984; Herman and Hirschman, 1981). Boys and girls are most commonly victimized by men. Females, however, may also be offenders against children. As

shown in Table I, females were the offenders in 8% of all cases; 6% of the girl victims and 15% of the boy victims were victimized by a female. These findings are consistent with Finkelhor's (1984) estimates of sexual abuse perpetrated by women.

TABLE I
SEX OF OFFENDER/SEX OF VICTIM

	Girl Victim		Boy Victim	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Male Offender	151	94%	33	85%
Female Offender	<u>10</u>	<u>6%</u>	<u>6</u>	<u>15%</u>
total:	161	100%	39	100%

Of note, in ten of the sixteen cases in which the primary offender was female, a male also victimized the child.

In terms of race, the vast majority of the offenders (90%) were white. Black and Hispanic offenders, like the victims, comprised only 5% and 4% of the sample, respectively. The adult offenders, who ranged in age from 18 to 70, tended to be skilled or unskilled workers (63%). Unemployed adults made up 11% and professionals and white collar workers comprised 17% of the sample. While most of the adult offenders had completed high school (45%) or less (30%), 25% of offenders had attended some college (13%), graduated college (7%), or attended graduate school (5%).

Juvenile offenders comprised 18% of the sample. Of the 25 juvenile offenders, more than half (60%) were below the age of fourteen.

3. Non-offending Parents:

The non-offending parents were female (99%), and younger than 40 years old (89%). They were predominantly white (91%); other groups represented were black (6%) and Hispanic (2%). The non-offending parents were likely to have graduated from high school (54%), or had some high school education (24%). They were homemakers (29%) or held unskilled (26%), skilled (14%), or "white collar" jobs (17%). (Note: In 18 of the 240 cases, therapists reported that there were two non-offending parents. In these cases, only the mothers' characteristics were included in the analysis of non-offending parents.)

TABLE II

DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

	Children		Offenders		Non -Offending Parents	
	n*	%	n	%	n	%
<u>Sex:</u>						
Female	185	77	15	8	164	99
Male	<u>55</u>	<u>23</u>	<u>172</u>	<u>92</u>	<u>2</u>	<u>1</u>
Total:	240	100	188	100	166	100
<u>Current Age:</u>						
0-5	44	21				
6-9	57	28	4	3		
10-13	45	22	11	8		
14-17	59	29	10	7		
18-29			31	21	48	31
30-39			50	35	89	58
40-49			30	21	14	9
50-70			<u>8</u>	<u>6</u>	<u>3</u>	<u>2</u>
Total:	205	100	145	100	154	100
<u>Race:</u>						
White	211	88	160	90	153	91
Black	13	5	9	5	10	6
Hispanic	9	4	8	4	4	2
Other	<u>6</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Total:	239	100	178	100	168	100
<u>Education: (Adults)</u>						
Jr. High School			9	16	6	6
Partial High School			8	14	20	18
High School Grad			25	45	59	54
Partial College			7	13	12	11
College Grad			4	7	13	12
Graduate School			<u>3</u>	<u>5</u>		
Total:			56	100	110	100
<u>Occupation: (Adults)</u>						
Unskilled Laborer			37	33	39	26
Skilled Laborer			34	30	21	14
White Collar/Professional			19	17	27	17
Homemaker			1	1	44	29
Unemployed			13	11	13	8
Student			1	1	5	3
Other			<u>8</u>	<u>7</u>	<u>4</u>	<u>3</u>
Total:			113	100	153	100

* The total number of respondents varies for each variable due to missing data. Missing data are not reported and are not included in reporting percent. Percentages may not total 100% due to rounding.

4. Families:

a. Family Size

The number of children in each family ranged from 1 to 12, with a mean of 2.8 children per family. Because information about family size in the statewide group of sexual abuse cases was not available, the study sample was compared to the overall DSS population which includes cases of sexual abuse, physical abuse, neglect, voluntary services, and CHINS. The mean number of children per family in the DSS caseload (1.8) is considerably lower than the treatment sample mean.

Previous studies have found that families in which sexual abuse has occurred, tend to be larger than the national average (DeFrancis, 1971; Herman, 1981). Finkelhor (1979), in his survey of college students, also found that sexual abuse occurs more frequently in large families. He suggests that this phenomenon is related to the age span between oldest and youngest children and/or the decrease in adult supervision in large families.

b. Multiple Victims in Families

In families with more than one child, a sizeable number (40%) had more than one child who was known to be sexually abused. The great majority (70%) of these cases involved the same offender. Parents or parent figures are more likely to victimize siblings than are other relatives or non-family members. Girls are significantly more likely ($p < .05$) than boys to be the sole victims in families; almost two-thirds of the boys in treatment had at least one sibling who was sexually

abused as compared to only 37% of the girls.

Previous studies have also confirmed the prevalence of multiple victims of sexual abuse in families (Berliner and Steven, 1982; Bentovim, Boston, and Van Elburg, 1987).

c. Marital Status

At the time of treatment slightly more than one half (55%) of the families had experienced divorce or separation (55%). It is not known how many of the families became separated prior to or following the disclosure of sexual abuse. Sixty percent of the offenders were living in the home when the abuse occurred.

d. Family Income

Most of the families were in low-income groups; 62% of the sample had a total family income of \$15,000 dollars or less. A smaller group (17%) earned \$25,000 dollars or more. Table III provides additional information about family income.

TABLE III

Family Income

Income	<u>n</u>	<u>%</u>
Less than 5,000	23	16%
5 to 10,000	38	26%
10 to 15,000	29	20%
15 to 20,000	20	14%
20 to 25,000	12	8%
25 to 30,000	10	7%
30 to 35,000	5	3%
35 to 40,000	6	4%
40 to 50,000	1	1%
Over 50,000	<u>3</u>	<u>2%</u>
Total:	147	100%

A number of other studies report low income in families in which sexual abuse has occurred. For example, in a study conducted at Tufts New England Medical Center (1984) of 156 sexually abused children and their families, it was found that 69% of the children came from families of lower socioeconomic status, and 40% of the families derived their primary income from public assistance.

Although Finkelhor (1979) also found that low income families were overrepresented in his sample, he warns that this finding does not necessarily indicate that sexual abuse is rare among families of higher socioeconomic status. In fact, Russell's 1986 retrospective study found a greater rate of incest victimization amongst girls reared in high-income families than girls in lower-income families.

There is some evidence to suggest that sexual abuse occurs in families with a higher socioeconomic status than families in which physical abuse and neglect are reported. The National Incidence Study (Brown and Holder, 1980) reported that the median income for sexual abuse families was 10% higher than the income of other child abusing families.

Sampling methods may account for the overrepresentation of lower socioeconomic groups in sexual abuse research. The present study sampled families who had agreed to participate in treatment at publicly funded agencies. It is possible that many families with more substantial economic means chose to receive treatment at private settings. It is also likely that reported cases of sexual abuse, i.e., those that come to the attention of the

authorities, tend to be drawn from the ranks of the socioeconomically disadvantaged, while wealthier families are not reported as frequently to public agencies (Newberger, 1983).

B. CHARACTERISTICS OF THE SEXUAL ABUSE

The sexual abuse of a child consists not only of one or more abusive sexual acts, but other related abusive and harmful treatment as well. Almost all of the children in this study were subjected to additional actions and pressures employed by the perpetrator with the purpose of continuing the sexual abuse and over half of the children were subjected to pressures to recant their disclosures once the abuse was discovered.

The data regarding the characteristics of the abuse include information about offenders, the age of the victims when the abuse began, the abusive acts to which the children were subjected, including the frequency and duration of the abuse and the means by which the children were coerced into sexual acts. The interrelationships between these factors are also examined.

1. Offenders:

Most of the children in the sample were abused by a sole offender. In some cases, however (n=25, 12%), a second perpetrator also abused the child. In the analysis of the offender data, only perpetrators who acted alone, or the primary perpetrator in multiple-perpetrator cases are described. For the

purposes of the analysis, the primary perpetrator is defined as the perpetrator with the closest social distance to the victim. For example, if a father and a neighbor were perpetrators, the father is considered the primary perpetrator. If the perpetrators were of equal social distance to the child, for example a father and a mother, the person who abused the child most recently was considered the primary perpetrator.

There were a number of cases (n =37) where the identity of the offender was unknown to the therapist who provided the data for the study.

a. Relationship of Offender to Child

Natural and step-parents were the perpetrators in over half of the cases in this study. In a survey of clinical practice in sexual abuse, (Deveney, Edbril, Rintell, Katzman, 1987), many clinicians reported that the closer the relationship between the child and offender, the more traumatic the abuse. Table IV describes the offenders of girls and boys grouped into the following types of offenders: parents/parent figures, other family members and non-family members.

TABLE IV
OFFENDERS

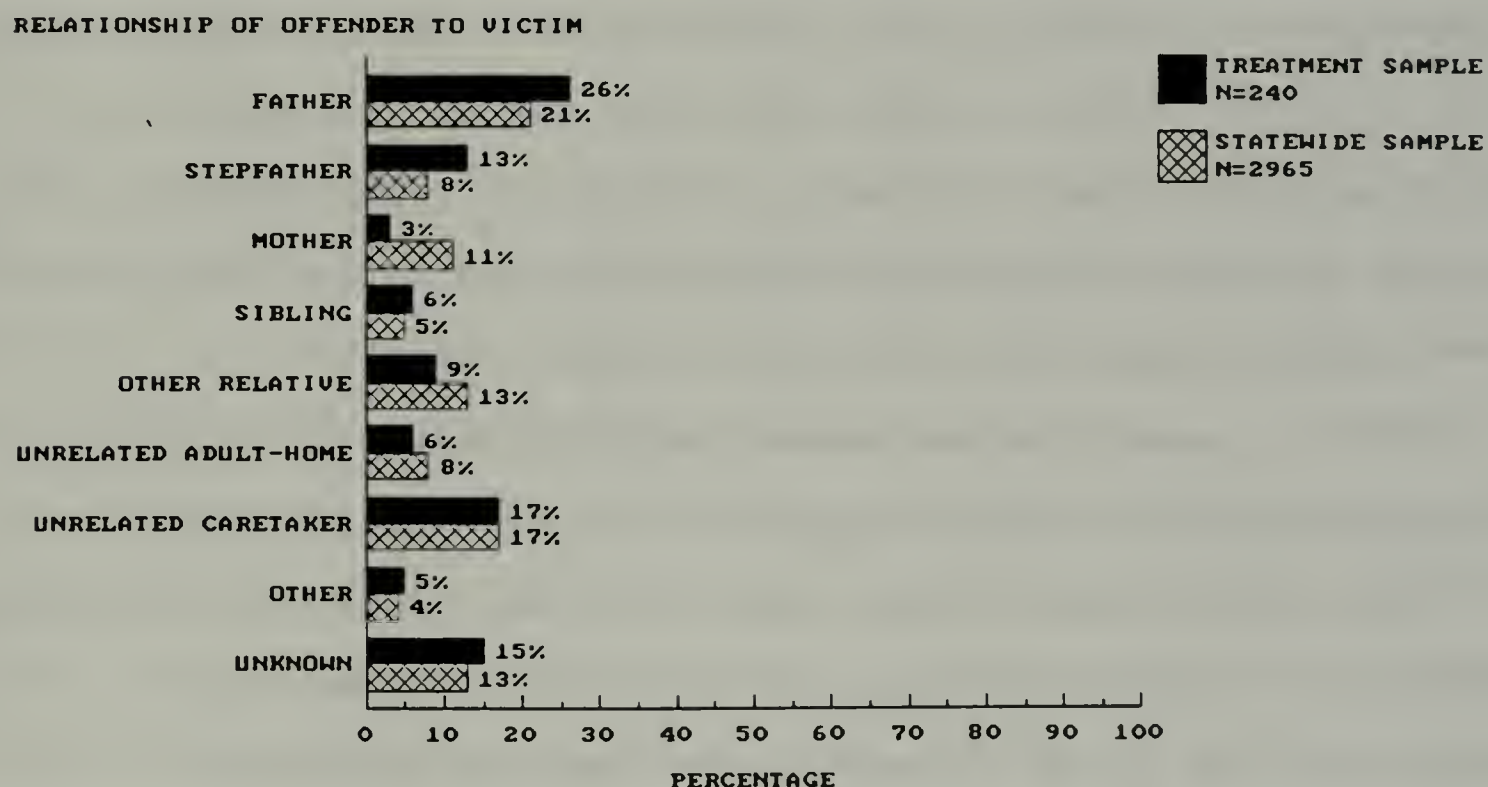
	Girls		Boys	
	n	%	n	%
<u>Parents/Parent Figures:</u>				
Natural Parent:				
Father	50	31	12	30
Mother	3	2	5	13
Step-Father	28	18	3	7
Mother's live-in Partner	13	8	1	3
Adoptive Parent	2	1	-	-
Mother's Partner, not live-in	<u>4</u>	<u>2</u>	<u>2</u>	<u>5</u>
<u>subtotal:</u>	100	62	23	58
<u>Other Family Members:</u>				
Sibling	13	8	2	5
Aunt/Uncle	10	6	1	3
Grandparent	4	2	-	-
Cousin	1	1	2	5
Other relative	<u>3</u>	<u>2</u>	-	-
<u>subtotal:</u>	31	19	5	13
<u>Non-Familial Perpetrators:</u>				
Friend of victim/family	8	5	4	10
Babysitter	5	3	1	3
Neighbor	4	2	1	3
Acquaintance	3	2	2	5
Professional care-giver	3	2	1	3
Stranger	2	1	-	-
Mother's estranged partner	1	1	-	-
Other (non-relative)	<u>6</u>	<u>4</u>	<u>3</u>	<u>7</u>
<u>subtotal:</u>	32	20	12	30
<u>Total:</u>	160	100	40	100

Close similarities were found regarding the relationship of the primary offender to the victim in the study sample and statewide group. For example, 26% of the offenders in the study were biological fathers, as compared to 21% of offenders statewide. As seen in Figure IX, abuse by stepfathers, siblings, relatives and unrelated caretakers in both samples was found to

be comparable. Sexual abuse by fathers was three times higher than abuse by stepfathers in both the treatment sample and statewide group. The presence of a stepfather in the home has been discussed as a risk factor for the sexual abuse of girls (Finkelhor and Baron, 1986; Parker and Parker, 1986).

Mothers who are offenders are underrepresented in the treatment sample. While 11% of the offenders statewide are the mothers of the victim, mothers who are offenders comprise only 3% of the treatment sample.

FIGURE V
RELATIONSHIP OF OFFENDER TO CHILD:
TREATMENT SAMPLE AND STATEWIDE SUBSTANTIATIONS



The extent to which sexual violence occurs within a child's family is a matter of some debate. In the present study, 61% of the child victims had been abused by a parent/parent figure; another 19% had been abused by other family members and 20% were abused by a non-family member. Comparable results were reported in the Tufts study (1984) and by Conte and Schuerman (1986), in a

study of sexually abused children referred for treatment. Other studies, more retrospective in nature, have found extrafamilial abuse to be the more frequent form of abuse. Russell (1986) found that 71% of women sexually abused as children had been victimized by a non-family member. The high level of intrafamilial abuse is due to the nature of the population from which the cases were drawn. Most of the families in the treatment programs that participated in this study were referred by the Department of Social Services, which is mandated to intervene only in cases of caretaker abuse.

It appears that boys are somewhat more vulnerable than girls to abuse by offenders who are not members of their families. As shown in Table IV, 30% of the boys, and 20% of the girls were victimized by non-family members. Finkelhor found differences in the same direction in both his student survey (1979) and Boston survey (1984) of parents of school-age children.

There is also mixed evidence regarding the prevalence of abuse by parents or parent figures in intrafamilial cases. While the Tufts study found similar rates of abuse by parents or parent figures as the present study, retrospective studies seem to indicate another trend regarding parental sexual abuse. Finkelhor (1979), reported that sexual experiences with parents or parent figures were far less common than sexual experiences with other relatives. In Russell's (1986) survey, uncles were the most common perpetrators in intrafamilial abuse cases; abuse by parents or parent figures accounted for only 25% of all incest cases. Sampling methods may account for differences in results. Adults who had been abused by close family members may be less

likely to respond to surveys about sexual abuse in their past, as closer family ties appear to be related to increased trauma, and perhaps, increased shame.

b. History of Physical and Sexual Victimization

Background data regarding life history was available for one-third of the offenders. Among this group, about a third (30%) had been sexually abused in childhood. Previous studies have reported that five (Langevin, Handy, Hook, Day and Russon, 1981) to ten (Pelto, 1981) times more childhood sexual victimization in the backgrounds of child sexual offenders than in the backgrounds of non-offender control groups. Finkelhor (1984) has theorized that sexual experiences with children meet the offender's need to feel powerful and controlling and may function as compensatory mechanisms for early experiences of powerlessness as a result of childhood sexual abuse.

A previous history of sexual abuse was found to be more often associated with offenders who sexually abuse boys than girls. Where 20% of the offenders who abused girls were reported to have been sexually abused in childhood, 65% of the offenders who abused boys had such reported histories ($p < .001$). An offender's history of sexual victimization appears to influence the choice of a boy as his or her victim. Groth (1979) has suggested that "the offender's adult crimes may be in part repetitions and acting out of sexual offenses he was subjected to as a child and such may represent a maladaptive effort to solve an unresolved early sexual trauma or series of traumas".

About half (49%) of the offenders in our study had been physically abused as children. A previous history of physical abuse may also contribute to the tendency to sexually abuse children (Fowler, Burns, and Roehl, 1983). A better understanding of the "victim to offender" process could lead to more effective prevention of child sexual abuse.

c. Alcohol and Drug Abuse

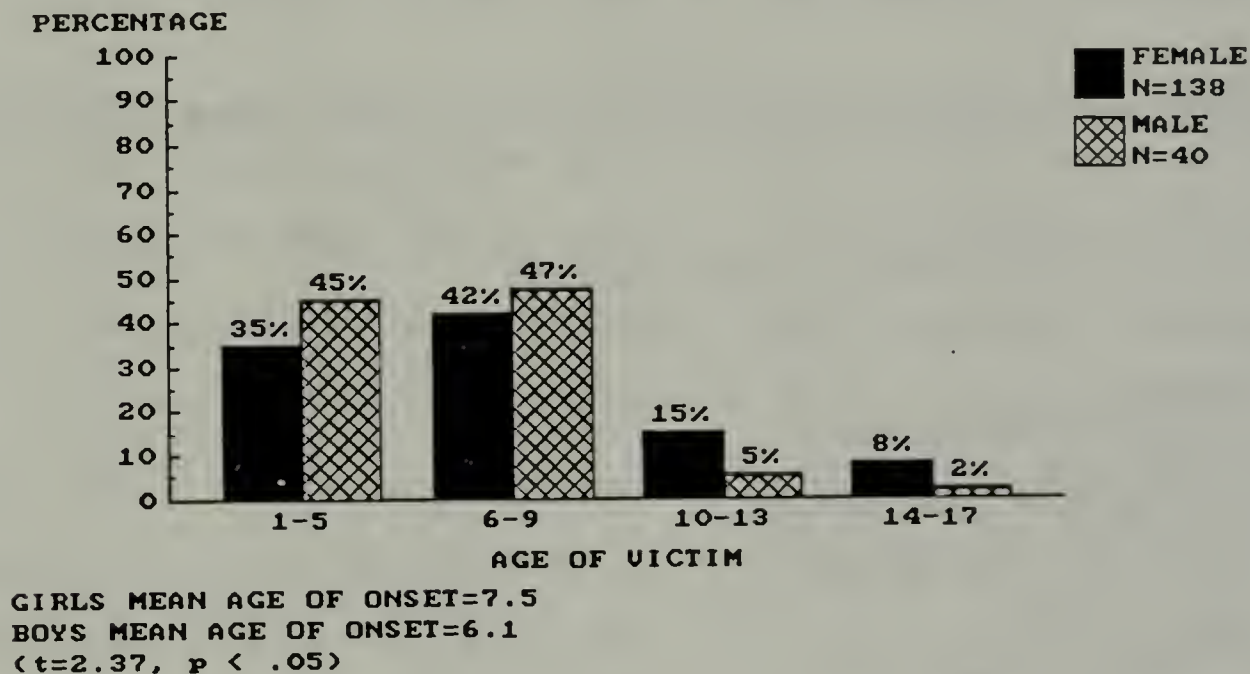
Of the cases where information about alcohol and drug use at the time of sexual abuse was known (n=115) a number of offenders (38%) were reported to be under the influence of drugs or alcohol at least some of the time when they abused the victim. The evidence that alcohol lowers conventional inhibitions against having sex with children has been presented in a number of studies reviewed by Finkelhor (1984).

2. Age at Onset of the Abuse:

Most children in this study were abused while relatively young. Over three-quarters of the victims were under the age of 10 when the abuse first began. The mean age at the onset of the abuse was 7.1 years. The age of onset in this sample is considerably younger than previously reported in a number of other studies. The Tufts New England Medical Center survey (1984) cited a mean age of onset for children as 9.1 years, and retrospective studies by Finkelhor (1979) and Russell (1986) found that the average age at onset was 10.6 and 11.1 years,

There are gender differences in patterns of sexual victimization. It was found that the male victims were significantly ($p < .05$) younger when the abuse began than the female victims of sexual abuse. As shown in Figure VI, 45% of the boys were under age 6 when the abuse first began, as compared to 35% of the girls. Similar findings regarding differential age at onset were reported by Finkelhor (1984) and the Tufts study (1984).

FIGURE VI
AGE AT TIME ABUSE BEGAN



It is not known why the age on onset of sexual abuse is reported to be lower for boys than for girls. This finding may be reflective of differential disclosure patterns. It has been suggested (Rogers and Terry, 1984; Nasjleti, 1980) that older boys may be less likely to disclose abuse because of heightened social stigma.

3. Abusive Acts:

While all sexual abuse of children is harmful to them, some

abusive acts, however, may be more intrusive and thus more traumatic than other acts. Table V, below, describes the abusive acts, grouped with regard to whether or not the act involved penetration. Areas where the abusive treatment of male and female victims differed significantly are indicated with asterisks. Since most (74%) of the children were subjected to more than one form of abuse, the percentages given refer to the percent of the children subjected to each form of abuse.

TABLE V
INCIDENCE OF ABUSIVE ACTS TO WHICH CHILDREN WERE SUBJECTED

	Girls		Boys	
	n	%	n	%
Acts which did not involve penetration:				
Voyeurism	10	6	3	6
Exhibitionism	16	9	7	14
Forced to watch pornography	11	6	6	12
Forced to watch sexual acts	13	7	14	28***
Forced to pose for pornography	5	3	3	6
Propositioned for sexual acts	26	14	7	14
Fondled above waist	89	50	8	16***
Fondled below waist	122	68	32	64
Simulated intercourse	11	7	-	-
Acts which involved penetration:				
Fellatio	32	18	23	46***
Cunnilingus	29	16	2	4*
Attempted vaginal penetration	25	14	3	6
Attempted anal penetration	7	4	11	22***
Vaginal intercourse	32	18	-	-**
Anal intercourse	8	5	14	28***
Digital penetration, vaginal	48	27	-	-***
Digital penetration, anal	12	7	9	18*
Foreign object penetration, vaginal	6	4	1	2
Foreign object penetration, anal	1	1	6	12***
Other form of sexual abuse	22	12	4	8

Total n: 203 26

(* p<.05 ** p<.01 *** p<.001 (based on Chi Sq. Analyses))

It has been suggested that abuse involving penetration carries the potential for greater psychological trauma (Herman, 1981). Most of the children (65% of the girls; 77% of the boys) were subjected to abusive acts which involved at least one form of penetration, including intercourse, digital, anal, or foreign object penetration, fellatio and cunnilingus. Russell (1983) and the Tufts New England Medical Center study (1984) found similar rates of penetration among sexually abused children.

In this study, the age of the child at the onset of sexual abuse was significantly related to the likelihood that he or she would be subjected to penetration. While children under the age of ten were subjected to penetration in 77 percent of the cases, children aged 10 and above when the abuse began were subjected to penetration in only half (54%) of the cases ($p < .01$).

Russell (1986) has suggested that parents and parent figures are more likely to penetrate their victims than other family members. No such relationship was found in the present study: parents, parent figures, relatives, and non-family members were equally likely to employ penetration in the abuse of their victims.

Victimized children are rarely exposed to only one type of sexually abusive act. Most (74%) of the children in this study were subjected to more than one of the above types of abuse, with a range of two to eleven distinct types of abusive acts per child (mean = 2.9 types). Comparable results (mean=3.5 types) were obtained by Conte and Schuerman (1986).

4. Frequency and Duration of the Abuse:

The frequency with which the children in this study were abused varied considerably, from one time to weekly or more often. Table VI gives the frequency of abuse for the children:

TABLE VI

Frequency of Abuse

	n	%
One time	30	20%
Several times	59	38%
Up to once a month	13	8%
Weekly or more	<u>52</u>	<u>34%</u>
total:	154	100%

For the children in this study, the duration of the abuse ranged from a single incident to more than five years. As can be seen in Table VII, about two-thirds (64%) of the children were abused for six months or longer. The duration of sexual abuse in this sample is given in Table VII.

TABLE VII

Duration of Abuse

	n	%
Single incident	35	19
Less than 6 months	31	17
6 months to 1 year	29	16
1 year to 5 years	68	38
More than 5 years	<u>18</u>	<u>10</u>
total:	181	100

The findings of the Tufts New England Medical Center study (1984) indicated similar periods of frequency and duration.

The impact of sexual abuse on children is said to be in

part, a function of the frequency and duration of the abuse (Tsai, Feldman-Summers and Edgar, 1979; Russell, 1986; Friedrich, Urguiza and Berkle, 1986). Many factors are related to the frequency and duration of the sexual abuse of the children in this sample. One such factor is the relationship of the offender to the child. Parents and parental figures abused their children more frequently ($p < .001$) and for a longer period of time ($p < .001$) than did other family members and perpetrators who were not family members. Those children who were subjected to a single incident of abuse were significantly more likely to be abused by a relative who was not their parent, or by a non-family member. Obviously, the "physical proximity" (i.e., presence in the home) of the offender and victim contributes to abuse of greater frequency and duration.

5. Coercion:

One or more forms of coercion were employed against virtually all (98%) of the children in the present study to force them to participate in sexual acts, regardless of their age or sex. Some coercion is aimed primarily at a child's emotions, such as the threat of dissolution of the family, or the withholding of parental affection. Other forms aim toward intimidation by the use or threat of physical force. Table VIII gives the percentage of children who were subjected to each of seven forms of coercion. Since 42% of the children were subjected to two or more forms of coercion, the figures indicate the percent of children subjected to each form.

TABLE VIII

FORMS OF COERCION

	<u>n</u>	<u>%</u>
Used position of authority	115	65
Used threats of physical harm	61	34
Used threats of family breakup	42	24
Used bribes/rewards	43	21
Used threats of affection loss	33	24
Inflicted physical harm/injury	23	13
Used other forms of coercion	9	5

Total n = 178

More than one-third (38%) of the children were subjected to physical harm or the threat of physical harm. Boys were significantly ($p < .05$) more likely to have been subjected to actual physical harm (26% of the boys were subjected to the use of physical harm as compared to 10% of the girls).

Physical force is thought to have a particularly harmful effect on the sexually abused child. In Finkelhor's (1979) student survey, for example, the use of physical force by an offender was the primary explanatory variable in negative reactions to the abuse.

While the literature provides evidence for the harmful effects of physical force as a means of coercion in child sexual abuse, it is divided regarding the prevalence of physical force accompanying sexual abuse. In the Tufts study (1984) overt aggression (threatening the child with a weapon, physically overpowering the child, or beating the child) accompanied the sexual abuse in over one-third of the cases, and verbal threats were employed in nearly half of the cases. On the other hand, Conte and Schuerman (1986) reported that physical harm was experienced by only 7% of the sexually abused children in their

study.

Certain offenders might be expected to employ physical force as a means of coercion. While Russell (1986) reported that fathers and father figures were less likely to use physical force than were other intrafamilial perpetrators, no such relationship was found in the present study between the offender's relationship to the victim and the use of (or threat of) physical force as a means of coercion.

The impact of emotional forms of coercion, while rarely described in the literature, should not be underrated with regard to their impact on children. The withholding of the affection of a parent has an enormous effect on a child. The employment of such threats may constitute "the betrayal of vital relationships, abandonment by trusted caretakers, and annihilation of basic family security" (Summit, 1983). The assertion that a child, by his or her unwillingness to participate in sexual acts, will cause a dissolution of the family is likely to have dramatic impact on a child. Clearly, the impact of emotional forms of coercion of children to participate in sexual acts with adults deserves further study.

6. Severity Factors:

Each of the previously discussed abuse factors (duration, frequency, number of abuse types, penetration and coercion) carries its own potential for trauma. However, the severity of the sexual abuse is also a measure of the interrelationships between these factors. The findings with regard to these

interrelationships are as follows:

- o A significant relationship was found between multiple abuse types and penetration. The possibility that a child will be subjected to penetration increased with the number of abuse types employed by the perpetrator ($p < .001$).
- o The incidence of penetration was significantly associated with abuse of greater frequency ($p < .01$). Penetration occurred in 83% of the cases in which the abuse was a monthly or more frequent occurrence, as compared with 60% of the cases in which abuse was less frequent.
- o In cases of longer duration and frequency, children were subjected to significantly more types of abuse ($p < .001$).
- o Threats of affection loss, threats of family breakup and the use of offender's authority position were significantly associated with a greater number of abuse types and abuse of longer duration and frequency.

C. RESPONSES TO SEXUAL ABUSE

1. Children's Coping Styles

Therapists were asked to identify the ways in which the child coped with the abuse when it was happening. In one-third of the cases, the therapist identified more than one coping style for the child. The data given in the table below represent the

numbers and percentages of all children who utilized each form of coping.

These data should be interpreted cautiously, as some subjectivity was inherent in the judgment of the therapists with regard to their assessment of child coping style.

TABLE IX

HOW CHILDREN COPE DURING ABUSE

	<u>n</u>	<u>%</u>
Child passively submitted to abuse	122	64%
Made effort to resist, escape, or avoid abuse	70	37%
Child pretended that abuse was not happening	47	25%
Total n = 192		

Children attempt to cope in the context of what is usually a dependent relationship with the perpetrator. Their options for avoiding the abuse are limited, and each child must find his or her best way to survive the intrusion and abuse. The following discussion of the children's coping styles must therefore be understood in the light of the child's relationship to an individual who uses greater power and authority to force the child to participate, and the victims' attempts to survive it.

a. Coping by Passive Submission

The largest group of children in the study sample (64%) attempted to cope with the sexual abuse by passively submitting to it. The use of this coping strategy varied according to severity of the abuse; as children were exposed to more types of abuse and more frequent and longer lasting abuse, they seem to resign themselves to their victimization, and passively submit.

Coping by passive submission was found to be significantly related to the number of types of abuse to which the child was exposed. While half (50%) of the children subjected to one abuse type passively submitted to the abuse, 82% of the children subjected to four or more types of abuse coped by passive submission ($p < .01$).

The use of passive submission was also found to be significantly related to the duration and frequency of the abuse. Seventy-five percent of children who were abused for longer than six months passively submitted to the abuse, as compared with 47% of those children abused for less than six months ($p < .001$). Similarly, seventy-five percent of children who were abused monthly or more often used passive submission as a means of coping, as compared with 53% of children who were abused one to several times ($p < .01$).

Among the children who passively submitted to the sexual abuse, one-fourth (25%) also actively resisted the abuse during the course of their victimization.

There is some evidence to suggest that passive submission is an effective coping style with regard to the protection of the emotional well-being of the child. For example, Conte and Schuerman (1986) reported that victims who passively submitted to sexual abuse were less affected by the abuse than were those who did not passively submit.

b. Coping by Active Resistance

Those children in this study who actively resisted or fought

the abuse constituted about a third (37%) of the sample. As might be expected, the children who made efforts to resist, escape, or avoid abuse were significantly older ($p < .05$) than children who did not. Children aged 10 and over actively resisted the abuse in 51% of the cases, as compared with 28% of the children under 10. Of note, half (49%) of the children who actively resisted the abuse also used passive resistance. Conte and Berliner (1986), reported similar findings; 40% of the children in their sample made some effort to resist.

c. Coping by Pretending the Abuse was not Happening

One-fourth of the children in this study coped with their abuse by pretending that it was not happening. This coping style was used predominantly ($p < .01$) by the girl victims; twenty-nine percent of the girls were reported to use this coping style, as compared to 9% of the boys.

As was the case with those who passively submitted, the children who pretended the abuse was not happening were abused severely. The tendency to use this coping style was found to be significantly related to the number of types of abuse to which the child was submitted. Where seven percent of the children exposed to one type of abuse were reported to have pretended that the abuse was not happening, 23% of the children exposed to two types of abuse, and 34% of the children exposed to four or more types were reported to have pretended that the abuse was not happening ($p < .05$). Coping by pretending was also significantly related to the duration and frequency of the abuse. Thirty-five

percent of children who were abused for six months or longer used this coping style, as compared to only 15% of the children who were abused for less than six months ($p < .001$). Forty percent of children who were abused monthly or more often coped by pretending as compared to 18% of the children abused less frequently ($p < .01$).

Children also coped by pretending more often when subjected to the more emotional modes of coercion. The use of pretending was significantly related to the use of threats of affection loss ($p < .001$); threats of family breakup ($p < .01$); and use of authority position ($p < .001$). For example, 67% of the children who experienced threats of loss of affection pretended the abuse was not happening. These associations provide some evidence for the relative impact of emotionally abusive modes of coercion, and the possibility that pretending that the abuse did not occur is a response to severe abuse and emotionally abusive coercion. This assertion is supported by Conte and Schuerman (1986), who reported that among the children in their sample, those victims who pretended the abuse was not happening had nearly twice the number of behavioral symptoms as those who did not.

2. Attribution of Responsibility:

In addition to their assessment of the child's coping style, therapists reported on the child's perception of the extent to which he or she felt responsible for the abuse. Only one percent of the children felt that they were fully responsible for the abuse. About half the children, however, felt that they were

partially responsible for the abuse (52%). A large group felt no responsibility for the abuse (42%). In five percent of the cases, the child assigned responsibility to the non-offending parent.

The child's attribution of responsibility was significantly related to his or her coping style. Children who actively resisted the abuse held themselves responsible for the abuse less frequently ($p < .001$); children who coped by pretending the abuse was not happening more often held themselves at least partially responsible for the abuse ($p < .05$).

3. The Disclosure of Sexual Abuse:

a. How the Abuse was Discovered

The way in which the abuse becomes known may have important ramifications for the impact of the experience on the child. Adults who are aware enough, or concerned enough, to elicit information about the abuse are perhaps more likely to provide ongoing support for the child. Conte and Berliner (1986) found that children who reported the abuse to an adult had significantly more problems than those children for whom the abuse was discovered by an adult. In this study, the child initiated the disclosure in 70% of the cases. Most frequently, the child told his or her parent, (31%) but may also have told another adult (18%), someone in school, at a social service or legal agency (14%) or a friend (7%). Less frequently (18% of the children in this study), the disclosure was elicited by an adult.

The boys in this study were significantly more likely to inform a parent than were girls ($p < .01$). Girls were more likely than boys to tell someone in school or at another agency.

TABLE X
TO WHOM THE CHILD DISCLOSED

	<u>Female</u>		<u>Male</u>	
	n	%	n	%
<u>Child-Initiated:</u>				
Child told parent	48	27%	22	45%
Child told another adult	34	19%	6	12%
Child told school, legal, or social services	29	16%	2	4%
Child told friend	13	7%	-	-
Child told cousin	4	2%	-	-
Child told babysitter	<u>2</u>	<u>1%</u>	<u>1</u>	<u>2%</u>
subtotal:	130	72%	31	63%
<u>Elicited by an Adult:</u>				
Parent elicited	11	6%	3	6%
Other adult elicited	<u>16</u>	<u>9%</u>	<u>9</u>	<u>18%</u>
subtotal:	27	15%	12	24%
<u>No Direct Disclosure:</u>				
Inferred from Behavior	11	6%	3	6%
Other Sibling Disclosed	9	5%	1	2%
Parent/Other Adult Discovered Abuse	<u>2</u>	<u>1%</u>	<u>1</u>	<u>2%</u>
subtotal:	22	12%	7	14%
<u>Total:</u>	179	100%	50	100%
(Chi.Sq.=14.59 df= 5 $p < .01$)				

There are many reasons why some children decide to keep the abuse a secret. Swanson and Biaggio (1985) reviewed studies which indicate that the burden of secrecy is sustained by fears of abandonment, punishment, and blame, and by guilt about complicity and pleasurable feelings that sometimes accompany the abuse. Many children are warned or threatened by the offender to remain silent and many feel loyal to the offender. Younger children may not know the abuse is wrong.

b. Pressure Exerted on Children to Recant

Ideally, disclosure of the sexual abuse leads to mobilization of support for the child and ultimately to the disruption of the abuse pattern. In reality, however, children are often pressured to recant their disclosures of abuse. About half (46%) of the children in this study were known to have been pressured to recant their disclosures of sexual abuse. Table XI details the sources of pressure on a child to recant.

TABLE XI

PRESSURE ON CHILD TO RECONT DISCLOSURE OF SEXUAL ABUSE

	n	%
Pressured by Offender	60	38%
Pressured by Non-Offending parent	36	23%
Pressured by Other Person	22	14%
Not Pressured to Recant	87	54%
Total n=160		

Offenders who are the parents of the victim are about as likely to pressure their child to recant as other offenders. When a non-offending parent pressured their child to recant, however, it was significantly ($p < .01$) more likely that a parent (their spouse) was the offender. As the duration of the abuse increased, there was a greater tendency for the offender to pressure the child to recant.

As Finkelhor (1979) has noted, what happens to the child after the abuse is disclosed may be more important for the child's recovery than any other aspect of the experience. Clinical reports (Summit, 1983, MacFarlane, et al, 1986) indicate

that many children, faced with repeated questioning and the possibility of family dissolution, retract their statements or become "electively mute". In fact, Summit (1983) suggests that, unless there is immediate support given to the child, the "normal course" of events will lead to a retraction. As shown in Table XI, almost one in four children in the study sample were pressured to recant by the non-offending parent. Non-offending parents share many of the same fears of family dissolution as child victims do; for this reason, it is not surprising that parents whose spouses were the offenders were significantly more likely to pressure their children to retract their disclosures.

4. Responses of the Offenders:

a. Offender Denial of Responsibility

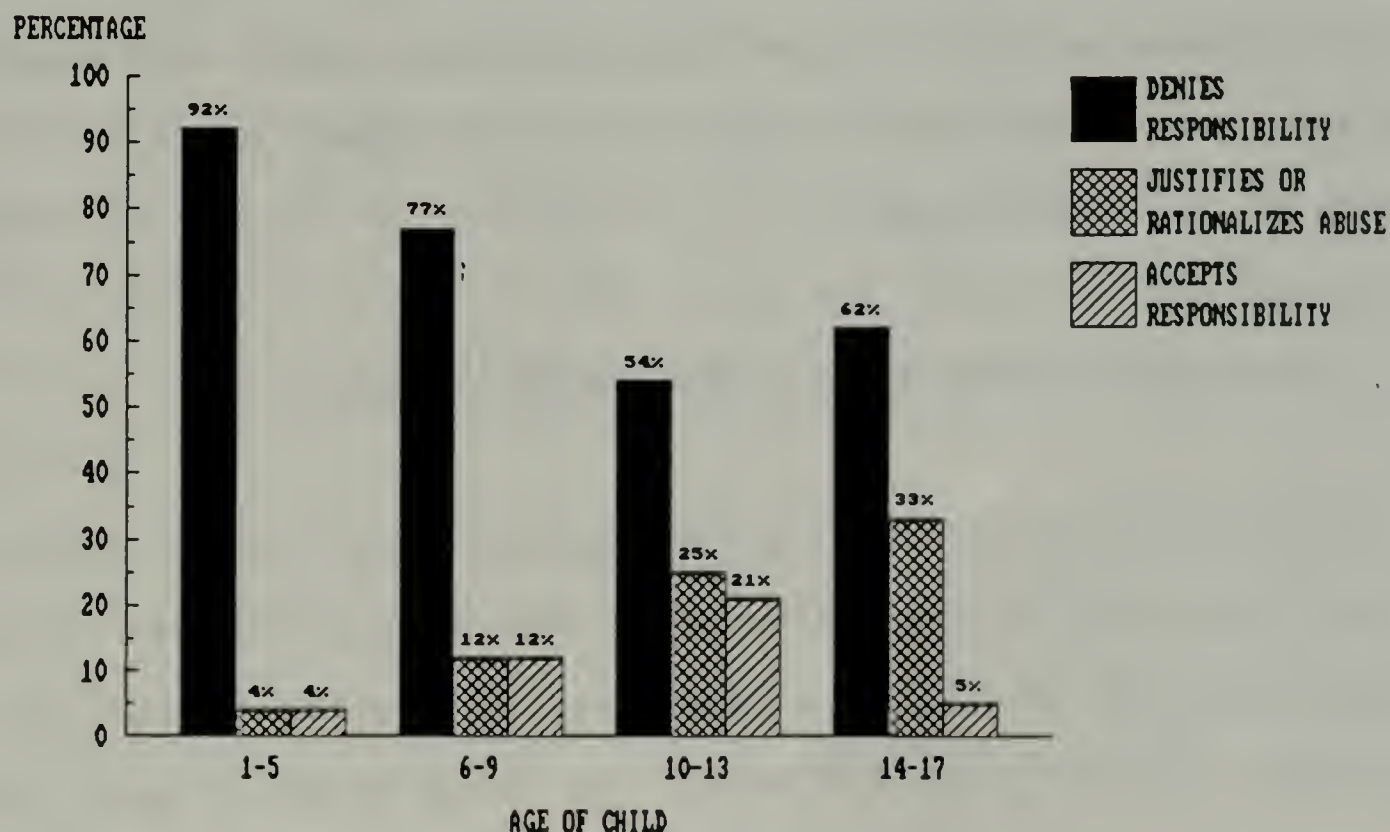
The majority of offenders (69%) in this study denied responsibility for the abuse or denied that the abuse had occurred. Only 7% of the offenders accepted full responsibility for the abuse. The remaining 24% of offenders offered one or more explanations or justifications for the abuse. The most frequent explanations were: abuse was an expression of affection (11%); abuse was due to pressure beyond the offender's control (11%); and abuse was in response to child's seductive behavior (6%). These findings are consistent with the clinical literature which indicates that few offenders admit guilt initially, and when they do, they offer a wide range of excuses, justifications and alibis. For example, Berliner and Stevens (1982) note that

most perpetrators either rationalize ("I was educating the child"), externalize ("I was drinking"), or minimize ("it didn't hurt her") their offenses.

Offenders of young children tended to deny responsibility for the abuse or deny that the abuse had occurred at all. Offenders of older children tended to justify their actions. (See Figure VI.) These results underscore the offenders' "strategic" operations. Offenders themselves note (Conte, Wolf and Smith, 1987) that they often select very young children to victimize, because there is less likelihood that a young child's account will be believed.

Those offenders who denied that they sexually abused a child were significantly ($p < .05$) more likely to pressure the child to recant his or her disclosure of the abuse than those offenders who accepted responsibility or attempted to justify their actions.

FIGURE VII
OFFENDER STANCE AND AGE OF CHILD



b. Offender's Departure from the Home

Of the offenders who were living in the home at the time of the abuse (n=84), about half (52%) left the home after the abuse was disclosed; of these offenders, more than two-thirds (70%) left under coercion and about one-third (30%) left voluntarily.

5. Responses of the Non-Offending Parents:

Virtually all (99%) of the non-offending parents were the mothers of the victims. A large number of the non-offending mothers (39%) reported that they had been sexually abused in their own childhood (total n= 138).

It has been suggested (Conte and Berliner, 1986) that support from a non-offending parent, usually the mother, can have a major effect on the child's reactions to the abuse. The present study found, as others have before (Tufts New England Medical Center, 1984; Deveney, Edbril, Rintell and Katzman, 1987) that most mothers act to protect their children once they learn of the abuse and most exhibit supportive attitudes in the aftermath of the experience.

a. Action Taken by Non-Offending Parents

After the non-offending parent became aware of the abuse, most (73%) took one or more forms of action to protect her child, including informing a friend, a therapist or another authority or removing the offender from the home. In cases where it was known

that the offender was living at home at the time of disclosure (n=95), one third (38%) of the mothers facilitated the removal the offender from the home.

A significant ($p<.05$) relationship was found to exist between the age of the child and protective action taken by his or her mother. Eighty-three percent of mothers whose children were under the age of 10 took action as compared with 62% of mothers with child victims aged 10 and older ($p<.05$).

Another significant ($p<.05$) relationship was found between the duration of the abuse and protective action by mothers. Eighty-six percent of the mothers took some protective action when the abuse had occurred for less than six months, compared with 65% of the mothers with children who were abused for over one year ($p<.05$).

Although it has been previously reported (Myer, 1984) that mothers with a prior history of sexual abuse are no less likely to protect their children than mothers who were not abused, the results of this study indicate that mothers who were victimized during childhood were more impaired in their capacity to intervene on behalf of their children. Mothers who had been sexually abused in childhood took protective action on behalf of their children in 65% of the cases while 82% of the mothers with no prior sexual abuse in childhood took protective action ($p<.05$).

b. Attitude of Non-Offending Parents

Although the data are somewhat subjective, the therapists provided information about the attitudes of the non-offending parent toward the child. The non-offending parents displayed a variety of attitudes toward the victim. The majority (61%) were judged to have a supportive attitude toward the victim, although over half of these mothers were judged to have other attitudes toward their children as well. Table XII presents all attitudes of non-offending parents reported by the therapists.

TABLE XII

NON-OFFENDING PARENT ATTITUDES TOWARD VICTIMS

	n	%
Supportive	112	61%
Ambivalent	73	40%
Overly Concerned for Self	36	20%
Self-blaming/Guilty	33	18%
Accusatory/Angry	28	15%
Overprotective	27	15%
Rejecting/Withholding	27	15%
Total n= 184		

The response of the non-offending parent to her child was found to be significantly related to the age of her child. Mothers were found to be more supportive to younger children (ages 1-9); more rejecting and withholding toward older children (ages 6 and above); and more ambivalent, accusatory, and angry toward teenagers (ages 14 and above). Table XIII below provides details with regard to the relationship of the age of the child at the time of treatment, and the responsive attitude of the non-offending mothers.

TABLE XIII

NON-OFFENDING PARENT RESPONSE AND AGE OF CHILD

<u>Mother's Attitude:</u>	<u>Age of Victim:</u>							
	1-5		6-9		10-13		14+	
Supportive (Chi Sq.=13.39 df=3 p<.01)	26	77%	30	75%	19	51%	21	45%
Rejecting/Withholding (Chi Sq.=9.07 df=3 p<.05)	1	3%	5	13%	4	11%	12	25%
Ambivalent (Chi Sq.=15.71 df=3 p<.01)	13	38%	8	20%	15	41%	29	62%
Accusatory/Angry (Chi Sq.=14.30 df=3 p<.01)	3	9%	2	5%	3	8%	14	30%

The attitude of the mother was found to be significantly related to the tendency of her child to disclose to her. Children disclosed to only ten percent of the mothers who were identified as rejecting-withholding and angry-accusatory, as compared to half (46%) of the mothers who were identified by the therapist as supportive ($p<.001$).

Significant relationships were also found between the attitude of the mother toward the victim and pressure on the child to recant his or her disclosure of sexual abuse. Only five percent of mothers described by the therapists as supportive pressured their children to recant, as compared to 56% of mothers who were not supportive ($p<.001$). Similarly, 47% of mothers described as rejecting-withholding or accusatory-angry pressured their children to recant as compared to nine percent of mothers who did not have these attitudes ($p<.001$).

It may well be true, as others have suggested (Herman, 1981; Craft and Dietz, 1980) that some mothers are unable to be supportive because they are emotionally and economically dependent on the offender. As can be seen in Table XIV, the

attitude of the non-offending mothers was significantly related to the offender's relationship to the family. Mothers were found to be more supportive and less ambivalent when the offender was a non-family member.

TABLE XIV

NON-OFFENDING PARENT RESPONSE AND OFFENDER

<u>Mother Attitude:</u>	<u>Offender relationship to child</u>					
	Parent		Other Family Member		Non-Family Member	
	n	%	n	%	n	%
Supportive (Chi.Sq=9.03 df=2 p<.05)	60	54%	14	58%	26	84%
Ambivalent (Chi.Sq=9.13 df=2 p<.001)	52	47%	11	46%	5	16%

APPENDIX A

PARTICIPATING TREATMENT PROGRAMS

Sexual Abuse Team, Family Development Center,
Boston City Hospital, Boston, MA.

Massachusetts Society for the Prevention of Cruelty to Children,
Framingham Office, Framingham, MA.

Sexual Abuse Treatment Program, Youth Guidance Center of
Framingham, Framingham, MA.

Family Intervention Team, North Shore Children's Hospital,
Lowell, MA.

Massachusetts Society for the Prevention of Cruelty to Children,
Berkshire Office, Pittsfield, MA.

Sexual Abuse Treatment Program, Department of Social Services,
Plymouth, MA.

Sexual Abuse Treatment Program, Coastal Community Counseling
Center, South Weymouth, MA.

Sexual Abuse Treatment Program, Taunton Area Mental Health
Clinic, Taunton, MA.

West Springfield Counseling Center, Incorporated, West
Springfield, MA.

Family Center Project, Department of Psychiatry, University of
Massachusetts Medical Center, Worcester, MA.

APPENDIX B
INTAKE DATA FORM

SATP Intake Information

Department of Social Services
Confidential
For Research Purposes Only

Case Name: _____

Case No.: _____

Name of Agency/Program _____

Person Completing Form _____

Date of DSS Referral _____

Position _____

Date of First Contact _____

Date of Completion _____

I. IDENTIFYING INFORMATION:

Victim's Name	Sex	D.O.B.	Age at Sexual Abuse			Intra-familial	
			Begin	End	Report	Yes	No

Child's Current Location (Circle)

- | | |
|---------------------------------|-------------------------|
| 1 Home with Natural Parent | 5 Foster Home |
| 2 Placed with Relative | 6 Emergency Shelter |
| 3 Adoptive Parents Home | 7 Hospital |
| 4 Group Home/Residential Center | 8 Other (Specify) _____ |

Ethnicity (Circle)

- | | | | |
|---------|-------------|-------------------|-----------|
| 1 Asian | 3 Caucasian | 5 American Indian | 7 Unknown |
| 2 Black | 4 Latino | 6 Combination | |

Time Lapse Between Last Assault/Incident and Disclosure (Circle)

- | | | |
|------------------------|-------------------------|---------------------------|
| 1 Within 48 hours | 4 Six Months - One Year | Date of Disclosure: _____ |
| 2 Two days - Two weeks | 5 One Year or More | |
| 3 Two weeks - 6 Months | 6 Unknown | |

Child's Birth Order: _____

Other Children in the Family:

Age	Sex	Relationship to Victim	Sexually Abused		Same Offender	
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO

II. CHARACTERISTICS OF REPORTED SEXUAL ABUSE:

Type of Abuse (Circle all that apply)

- 01 Propositioned for Sexual Acts
- 02 Forced to Watch Pornographic Material
- 03 Forced to Watch Sexual Acts of others
- 04 Forced to Pose for Pornographic Material
- 05 Fondling-Waist Up (includes kissing in an overt manner)
- 06 Fondling - Waist Down (includes hand-genital contact/manipulation)
- 07 Voyeurism
- 08 Exhibitionism
- 09 Fellatio
- 10 Cunnilingus
- 11 Simulated Intercourse

- 12 Attempted Vaginal Penetration
- 13 Attempted Anal Penetration
- 14 Intercourse, Vaginal
- 15 Intercourse, Anal
- 16 Digital penetration, Vaginal
- 17 Digital penetration, Anal
- 18 Foreign object Penetration, Vaginal
- 19 Foreign object Penetration, Anal
- 20 Other (specify) _____
- 21 Unknown

Duration (Circle One)

- (1) Single Recent incident
- (2) Less than 6 months
- (3) 6 Months to 1 Year
- (4) 1 to 5 Years
- (5) More than 5 Years
- (6) Unknown

Frequency (Circle One)

- (1) One Time
- (2) Several Times
- (3) Up to once a month
- (4) Weekly or more
- (5) Unknown

Most Recent Incident (Circle One)

- (1) Within week before agency contact
- (2) Within month before
- (3) 1-6 months previously
- (4) 6 mo.-1 Yr. previously
- (5) More than a year ago
- (6) Unknown

III. DISCLOSURE INFORMATION:

How was abuse disclosed (circle one)

1.	Child told Parent
2.	Child told Other Adult
3.	Parent Elicited
4.	Other Adult Elicited
5.	Child initiated report to school, legal or social serv.
6.	Other (specify)

Type of coercion used to Maintain abuse (circle all that apply)

1.	Physical harm/injury
2.	Use of threats(physical harm)
3.	Use of threats(family break-up)
4.	Use of threats (affection loss)
5.	Use of bribes/reward
6.	Use of Authority Position
7.	Other (Specify)

Child's Coping during Abuse (circle all that apply)

1.	Child Makes effort to resist, escape, avoid
2.	Child Pretends abuse is not happening
3.	Child takes some part in initiating abuse
4.	Child passively submits, goes along

Child's perception of offender (circle one)

Child's Perception of own role in abuse (circle one)

Has child been pressured to recant story or not to tell (circle all that apply)

1.	Not important, does not meet basic emotion/physical needs
2.	Somewhat important; meets some basic emotional/physical needs
3.	Important; A primary means of meeting emotional/physical needs

1.	No responsibility; recognizes offender as responsible
2.	Sees self as partially responsible
3.	Sees non-offending parent as partially responsible
4.	Sees self as fully responsible

1.	Yes, by Offender
2.	Yes, by non offending parent
3.	Yes, by others (specify)
4.	No
5.	Do not know

IV. OFFENDER INFORMATION: Fill out only if offender is known

Check box at right if offender is unknown ☐

If more than one offender use A,B,C etc. to identify (A - most recent)

Age	Sex	Ethnicity (Use Code on pg.1)	Relationship to victim (use code below)	Education (highest grade completed)	Occupation (use code below)

Relationship to Victim Code:

- | | | |
|----------------------------|----------------------------------|--------------------|
| 01 Stranger | 08 Natural Parent | 15 Aunt/Uncle |
| 02 Acquaintance | 09 Adoptive Parent | 16 Sibling |
| 03 Friend of Victim/Family | 10 Step-parent | 17 Cousin |
| 04 Neighbor | 11 Foster Parent | 18 Other relative |
| 05 Babysitter | 12 Parent's live-in partner | 19 Other (specify) |
| 06 Professional Caregiver | 13 Parent's partner, not live-in | |
| 07 Estranged boyfriend | 14 Grandparent | |

Occupation Code:

- | | | |
|-----------------|-------------------|-------------------|
| 1 Professional | 4 Unskilled Labor | 7 Unemployed |
| 2 White Collar | 5 Student | 8 Other (specify) |
| 3 Skilled Labor | 6 Homemaker | |

Offender's Stance on Abuse (circle all that apply)

01	Accepts Full Responsibility	06	States Sexual Abuse was expression of affection
02	States another Person Was Maltreator	07	States Abuse was Attempt to Educate Sexually
03	States Sexual Abuse was accidental	08	States Abuse is Assertion of Parental Rights
04	States Abuse was response to child's seduction	09	Denies Responsibility completely
05	States Abuse was Due to Pressures Beyond Control	10	Denies Abuse Occurred

Was Offender Sexually Abused as a Child? Yes _____ No _____
Was Offender Physically Abused/Neglected as a Child? Yes _____ No _____

If Yes:
Specifics of Age, Perpetrator, Duration, Treatment _____

Was offender under influence of drugs or alcohol while abusing? _____
_____ No
_____ Some of the Time
_____ Always

If intrafamilial: Did offender leave home after abuse? _____
_____ No
_____ Yes, voluntarily
_____ Yes, under coercion

Were criminal charges filed against offender as a result of this sexual abuse? __Yes __No __Pending
Does offender have previous legal or agency involvements? ____Yes ____No
If yes, specify details (When, Where, Why, How long) _____

(If applicable) Is offender's current/planned treatment court ordered? ____ Yes ____ No
(If applicable) Attitude of offender toward accepting agency services: (check one)
Reluctant, nominal compliance _____
Willing, Readily Accepts _____
Refuses services _____

V. NON-OFFENDING SPOUSE INFORMATION:

Age	Sex	Ethnicity (use code above)	Relationship to Victim	Education (highest grade)	Occupation (use code above)

Non-Offending Spouse Information: (Circle all that apply)

- 01 Did not know of abuse
02 Suspicious, but did not follow through
03 Knew of abuse from victim
04 Knew of abuse from offender
05 Knew of abuse from others
- 06 Took no action after knowing
07 Took Action: contacted therapist/
friend, etc.
08 Took Action: contacted authorities
09 Took Action: removed offender
10 Other (specify)

Non-Offender Response: Attitudes Toward Victim. (Circle all that apply)

- | | |
|-------------------------|-----------------------------|
| 1 Supportive | 5 Accusatory/Angry |
| 2 Overprotective | 6 Self Blaming/Guilty |
| 3 Rejecting/Withholding | 7 Overly Concerned for self |
| 4 Ambivalent | 8 Other (specify) |

Was non-offending spouse sexually abused as a child? ☐ Yes ☐ No

If Yes:

Specifics of Age, Perpetrator, Duration, Treatment: _____

Does non-offending spouse have previous legal or agency involvements?

☐ Yes ☐ No If Yes, Specify: details (When, Where, Why, How Long): _____

(If applicable) Attitude of non-offending spouse toward accepting agency services: (Check one)

Reluctant, nominal compliance _____

Willing, readily accepts _____

Refuses services _____

VI. FAMILY INFORMATION:

Marital Status of Parents/ Parent Substitutes (Circle)

Legal Marriage: A) Intact B) Separated C) Divorced D) Death

Consensual Union: A) Intact B) Separated

At time of abuse did offender live in the family? ☐ Yes ☐ No

If Yes, For how long?

A) Less than 6 months B) 7-12 months C) 1-3 years D) 3-5 years E) 5+ years

Total Family Income (Check one)

<input type="checkbox"/> Less than \$5,000	<input type="checkbox"/> \$25,000 - \$30,000
<input type="checkbox"/> \$5,000 - \$10,000	<input type="checkbox"/> \$30,000 - \$35,000
<input type="checkbox"/> \$10,000 - \$15,000	<input type="checkbox"/> \$35,000 - \$40,000
<input type="checkbox"/> \$15,000 - \$20,000	<input type="checkbox"/> \$40,000 - \$50,000
<input type="checkbox"/> \$20,000 - \$25,000	<input type="checkbox"/> Over \$50,000

Has any family member been reported for child abuse, or sexual abuse prior to current report?

If yes (check) .

___ Child Abuse

___ Neglect

Date _____

___ Sexual Abuse

Relationship to Child _____

Family Relationships/Functioning/Problems

From the list of statements below, select all that apply, and indicate the severity of the problem by placing a number from the severity codes listed below in the box to the left of the statement. Then, to the right of the statement, indicate to which family member(s) the statement is most applicable by using the family codes listed below.

SEVERITY CODE

- O = Never
- 1 = Rarely
- 2 = Sometime
- 3 = Often
- 4 = Almost Always

FAMILY CODE

- M = Mother/Mother figure
- F = Father/Father Figure
- V = Victim
- S = Siblings
- A = All

- ☐ Fighting, arguing, high levels of conflict
- ☐ Disorganized, chaotic
- ☐ Overcontrolling, intolerant, dominant
- ☐ Distant, unconnected, detached
- ☐ Relationships are cold, hostile
- ☐ Family is isolated, no external support system
- ☐ Feelings are rarely expressed
- ☐ Sexual dysfunction, alienation
- ☐ Role Reversal
- ☐ Significant anti-social behavior
- ☐ Major physical illness
- ☐ Disrupting mental illness
- ☐ Symbiotic Family Cohesion
- ☐ Other (Specify)

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